

ISSUE SLIP STAPLE AREA (for additional cross-references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		01/21/00
O.I.P.E. CLASSIFIER		16	2-8-00
FORMALITY REVIEW	CH	71632	2/14/00
RESPONSE FORMALITY REVIEW	CH	71632	3/8/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/12
2	✓	✓	4-12-00
3	✓	✓	5-18-00
4	✓	✓	11/11
5	✓	✓	11/11
6	✓	✓	11/11
7	✓	✓	11/11
8	✓	✓	11/11
9	✓	✓	11/11
10	✓	✓	11/11
11	✓	✓	11/11
12	✓	✓	11/11
13	✓	✓	11/11
14	✓	✓	11/11
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26	✓	✓	11/11
27	✓	✓	11/11
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47	✓	✓	11/11
48	✓	✓	11/11
49	✓	✓	11/11
50	✓	✓	11/11

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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